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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40937
Registrar's No. 10708

Registration District No. 7911 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1724 S. 10TH ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William Conez
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CATHERINE
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased MAY (Month) 23 (Day) 1883 (Year)

8. AGE: Years 57 Months 7 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation PAPERHANGER
11. Industry or business SELF
MOTHER FATHER
12. Name JOSEPH CONEZ
13. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name JENNIE ANDERSON
15. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Catherine Conez
(b) Address 1724 S 10TH ST
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. TAYLOR AVE
19. (a) DEC 27 1940 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25, year 1940 hour 4:51 minute P. M.
21. I hereby certify that I attended the deceased from December 22, 1940, to December 25, 1940; that I last saw him alive on December 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. M. Kerl (M. D. or other)
Address 1515 Lafayette Ave., Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.